

**BEFORE THE
PHYSICIAN ASSISTANT BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

Judy Faith Blodgett, P.A.)

Case No. 950-2015-000531

**Physician Assistant)
Certificate No. PA 12973)**

Respondent)

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Physician Assistant Board, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 26, 2019.

IT IS SO ORDERED March 27, 2019.

PHYSICIAN ASSISTANT BOARD

By: 
Jed Grant, PA-C, President

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **PHYSICIAN ASSISTANT BOARD**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 9502015000531

14 **JUDY FAITH BLODGETT, P.A.**
15 **7291 Boulder Avenue, #2-C**
Highland, CA 92346

OAH No. 2018060306

16 **Physician Assistant License No. 12973,**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 Respondent.

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Maureen L. Forsyth (Complainant) is the Executive Officer of the Physician Assistant
23 Board (Board). She brought this action solely in her official capacity and is represented in this
24 matter by Xavier Becerra, Attorney General of the State of California, by LeAnna E. Shields,
25 Deputy Attorney General.

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2. Respondent Judy Faith Blodgett, P.A., (Respondent) is represented in this proceeding by attorneys Carolyn Lindholm, Esq., and Peter Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

3. On or about October 14, 1992, the Board issued Physician Assistant License No. 12973 to Respondent. The Physician Assistant License No. 12973 was in full force and effect at all times relevant to the charges brought in Accusation No. 9502015000531, and will expire on February 29, 2020, unless renewed.

JURISDICTION

4. On or about April 4, 2018, Accusation No. 9502015000531 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 4, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 9502015000531 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 9502015000531. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 9502015000531 and that she has thereby subjected her Physician Assistant License No. 12973 to disciplinary action.

10. Respondent further agrees that if an accusation is ever filed against her before the Physician Assistant Board of California, all of the charges and allegations contained in Accusation No. 9502015000531 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent agrees that her Physician Assistant License No. 12973 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied up on or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by

1 its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary
2 Order or of any matter or matters related hereto.

3 **ADDITIONAL PROVISIONS**

4 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
5 be an integrated writing representing the complete, final and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

7 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
8 including copies of the signatures of the parties, may be used in lieu of original documents and
9 signatures and, further, that such copies shall have the same force and effect as originals.

10 15. Respondent agrees that her Physician Assistant License No. 12973 is subject to
11 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
12 Disciplinary Order below.

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Physician Assistant License No. 12973 issued to
15 Respondent Judy Faith Blodgett, P.A., is revoked. However, the revocation is stayed and
16 Respondent is placed on probation for five (5) years on the following terms and conditions.

17 1. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the
18 effective date of this decision, respondent shall enroll in a course in medical record keeping
19 approved in advance by the Board or its designee. The course shall be Category I certified,
20 limited to classroom, conference, or seminar settings. Respondent shall successfully complete the
21 course within the first 6 months of probation.

22 Respondent shall pay the cost of the course.

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee within 15 days after completing the course.

25 2. **EDUCATION COURSE** Within 60 days of the effective date of the decision,
26 Respondent shall submit to the Board or its designee for its prior approval an educational program
27 or course from an accredited program which shall not be less than 8 hours of Category 1 CME.
28 The education course shall be aimed at correcting any areas of deficient practice or knowledge.

1 The course shall be Category I certified, limited to classroom, conference, or seminar settings.
2 Respondent shall successfully complete the course within the first year of probation.

3 Respondent shall pay the cost of the course.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee within 15 days after completing the course.

6 3. **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of the effective
7 date of this decision, respondent shall enroll in a course in prescribing practices equivalent to the
8 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
9 University of California, San Diego School of Medicine (program), approved in advance by the
10 Board or its designee. Respondent shall provide the program with any information and
11 documents that the program may deem pertinent. Respondent shall participate in and
12 successfully complete the classroom component of the course not later than six (6) months after
13 respondent's initial enrollment. Respondent shall successfully complete any other component of
14 the course within one (1) year of enrollment. The prescribing practices course shall be in addition
15 to the Continuing Medical Education (CME) requirements for renewal of licensure.

16 Respondent shall pay the cost of the course. The program shall determine whether
17 Respondent successfully completes the course.

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the decision, whichever is later.

21 4. **MAINTENANCE OF PATIENT MEDICAL RECORDS**

22 Respondent shall keep written medical records for each patient contact (including all visits
23 and phone calls) at the worksite and shall make them available for immediate inspection by the
24 Board or its designee on the premises at all times during business hours.

25 5. **ON-SITE SUPERVISION**

26 The supervising physician shall be on site at least 50% of the time Respondent is practicing.

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1 6. **APPROVAL OF SUPERVISING PHYSICIAN** Within 30 days of the effective
2 date of this decision, Respondent shall submit to the Board or its designee for its prior approval
3 the name and license number of the supervising physician and a practice plan detailing the nature
4 and frequency of supervision to be provided. Respondent shall not practice until the supervising
5 physician and practice plan are approved by the Board or its designee.

6 Respondent shall have the supervising physician submit quarterly reports to the Board or its
7 designee.

8 If the supervising physician resigns or is no longer available, Respondent shall, within 15
9 days, submit the name and license number of a new supervising physician for approval.

10 Respondent shall not practice until a new supervising physician has been approved by the Board
11 or its designee.

12 7. **NOTIFICATION OF EMPLOYER AND SUPERVISING PHYSICIAN**

13 Respondent shall notify his/her current and any subsequent employer and supervising
14 physician(s) of the discipline and provide a copy of the Accusation, Decision, and Order to each
15 employer and supervising physician(s) during his/her period of probation, before accepting or
16 continuing employment. Respondent shall ensure that each employer informs the Board or its
17 designee, in writing within 30 days, verifying that the employer and supervising physician(s) have
18 received a copy of the Accusation, Decision, and Order.

19 This condition shall apply to any change(s) in place of employment.

20 The Respondent shall provide to the Board or its designee the names, physical addresses,
21 mailing addresses, and telephone numbers of all employers, supervising physicians, and work site
22 monitor, and shall inform the Board or its designee in writing of the facility or facilities at which
23 the person practices as a physician assistant.

24 Respondent shall give specific, written consent to the Board or its designee to allow the
25 Board or its designee to communicate with the employer, supervising physician, or work site
26 monitor regarding the licensee's work status, performance, and monitoring.

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1 8. **OBEY ALL LAWS** Respondent shall obey all federal, state, and local laws, and all
2 rules governing the practice of medicine as a physician assistant in California, and remain in full
3 compliance with any court ordered criminal probation, payments, and other orders.

4 9. **QUARTERLY REPORTS** Respondent shall submit quarterly declarations under
5 penalty of perjury on forms provided by the Board or its designee, stating whether there has been
6 compliance with all the conditions of probation.

7 10. **OTHER PROBATION REQUIREMENTS** Respondent shall comply with the
8 Board's probation unit. Respondent shall, at all times, keep the Board and probation unit
9 informed of respondent's business and residence addresses. Changes of such addresses shall be
10 immediately communicated in writing to the Board and probation unit. Under no circumstances
11 shall a post office box serve as an address of record, except as allowed by California Code of
12 Regulations 1399.523.

13 Respondent shall appear in person for an initial probation interview with Board or its
14 designee within 90 days of the decision. Respondent shall attend the initial interview at a time
15 and place determined by the Board or its designee.

16 Respondent shall, at all times, maintain a current and renewed physician assistant license.

17 Respondent shall also immediately inform the probation unit, in writing, of any travel to
18 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than
19 thirty (30) days.

20 11. **INTERVIEW WITH MEDICAL CONSULTANT** Respondent shall appear in
21 person for interviews with the Board's medical or expert physician assistant consultant upon
22 request at various intervals and with reasonable notice.

23 12. **NON-PRACTICE WHILE ON PROBATION** Respondent shall notify the Board
24 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
25 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in
26 which respondent is not practicing as a physician assistant. Respondent shall not return to
27 practice until the supervising physician is approved by the Board or its designee.

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1 If, during probation, Respondent moves out of the jurisdiction of California to reside or
2 practice elsewhere, including federal facilities, respondent is required to immediately notify the
3 Board in writing of the date of departure and the date of return, if any.

4 Practicing as a physician assistant in another state of the United States or federal
5 jurisdiction while on active probation with the physician assistant licensing authority of that state
6 or jurisdiction shall not be considered non-practice.

7 All time spent in a clinical training program that has been approved by the Board or its
8 designee, shall not be considered non-practice. Non-practice due to a Board ordered suspension
9 or in compliance with any other condition or probation, shall not be considered a period of non-
10 practice.

11 Any period of non-practice, as defined in this condition, will not apply to the reduction of
12 the probationary term.

13 Periods of non-practice do not relieve respondent of the responsibility to comply with the
14 terms and conditions of probation.

15 It shall be considered a violation of probation if for a total of two years, Respondent fails to
16 practice as a physician assistant. Respondent shall not be considered in violation for non-practice
17 as long as respondent is residing and practicing as a physician assistant in another state of the
18 United States and is on active probation with the physician assistant licensing authority of that
19 state, in which case the two-year period shall begin on the date probation is completed or
20 terminated in that state.

21 13. **UNANNOUNCED CLINICAL SITE VISIT** The Board or its designee may make
22 unannounced clinical site visits at any time to ensure that Respondent is complying with all terms
23 and conditions of probation.

24 14. **CONDITION FULFILLMENT** A course, evaluation, or treatment completed after
25 the acts that gave rise to the charges in the accusation, but prior to the effective date of the
26 Decision may, in the sole discretion of the Board or its designee, be accepted towards the
27 fulfillment of the condition.

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1 15. **COMPLETION OF PROBATION** Respondent shall comply with all financial
2 obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the
3 completion of probation. Upon successful completion of probation, respondent's license will be
4 fully restored.

5 16. **VIOLATION OF PROBATION** If Respondent violates probation in any respect,
6 the Board, after giving respondent notice and the opportunity to be heard, may revoke probation
7 and carry out the disciplinary order that was stayed. If an accusation or petition to revoke
8 probation is filed against Respondent during probation, the Board shall have continuing
9 jurisdiction until the matter is final, and the period of probation shall be extended until the matter
10 is final.

11 17. **COST RECOVERY** The Respondent is hereby ordered to reimburse the Physician
12 Assistant Board the amount of nine thousand eight hundred fifty-one dollars (\$9,851.00) within
13 90 days from the effective date of this decision for its investigative costs. Failure to reimburse
14 the Board's costs for its investigation shall constitute a violation of the probation order, unless the
15 Board agrees in writing to payment by an installment plan because of financial hardship. The
16 filing of bankruptcy by Respondent shall not relieve Respondent of her responsibility to
17 reimburse the Board for its investigative costs.

18 18. **PROBATION MONITORING COSTS** Respondent shall pay the costs associated
19 with probation monitoring each and every year of probation, as designated by the Board, which
20 may be adjusted on an annual basis. The costs shall be made payable to the Physician Assistant
21 Board and delivered to the Board no later than January 31 of each calendar year.

22 19. **VOLUNTARY LICENSE SURRENDER** Following the effective date of this
23 probation, if Respondent ceases practicing due to retirement, health reasons, or is otherwise
24 unable to satisfy the terms and conditions of probation, respondent may request, in writing, the
25 voluntarily surrender of respondent's license to the Board. Respondent's written request to
26 surrender her license shall include the following: her name, license number, case number, address
27 of record, and an explanation of the reason(s) why Respondent seeks to surrender her license.
28 The Board reserves the right to evaluate the Respondent's request and to exercise its discretion

1 whether to grant the request, or to take any other action deemed appropriate and reasonable under
2 the circumstances. Respondent shall not be relieved of the requirements of her probation unless
3 the Board or its designee notifies Respondent in writing that Respondent's request to surrender
4 her license has been accepted. Upon formal acceptance of the surrender, Respondent shall, within
5 15 days, deliver Respondent's wallet and wall certificate to the Board or its designee and shall no
6 longer practice as a physician assistant. Respondent will no longer be subject to the terms and
7 conditions of probation and the surrender of Respondent's license shall be deemed disciplinary
8 action. If Respondent re-applies for a physician assistant license, the application shall be treated
9 as a petition for reinstatement of a revoked license.

10 **ACCEPTANCE**

11 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
12 discussed it with my attorney, Carolyn Lindholm, Esq. I fully understand the stipulation and the
13 effect it will have on my Physician Assistant License No. 12973. I enter into this Stipulated
14 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
15 bound by the Decision and Order of the Physician Assistant Board.

16
17 DATED: _____

JUDY FAITH BLODGETT, P.A.
Respondent

19 I have read and fully discussed with Respondent Judy Faith Blodgett, P.A., the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: _____

CAROLYN LINDHOLM, ESQ.
Attorney for Respondent

24 ///

25 ///

26 ///

27 ///

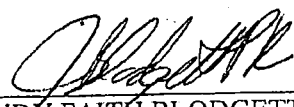
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3 the Board or its designee notifies Respondent in writing that Respondent's request to surrender
4 her license has been accepted. Upon formal acceptance of the surrender, Respondent shall, within
5 15 days, deliver Respondent's wallet and wall certificate to the Board or its designee and shall no
6 longer practice as a physician assistant. Respondent will no longer be subject to the terms and
7 conditions of probation and the surrender of Respondent's license shall be deemed disciplinary
8 action. If Respondent re-applies for a physician assistant license, the application shall be treated
9 as a petition for reinstatement of a revoked license.

10 ACCEPTANCE


11 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
12 discussed it with my attorney, Carolyn Lindholm, Esq. I fully understand the stipulation and the
13 effect it will have on my Physician Assistant License No. 12973. I enter into this Stipulated
14 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
15 bound by the Decision and Order of the Physician Assistant Board.

16
17 DATED: 02/14/2019


JUDY FAITH BLODGETT, P.A.
Respondent

18
19 I have read and fully discussed with Respondent Judy Faith Blodgett, P.A., the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: 2/15/2019


CAROLYN LINDHOLM, ESQ.
Attorney for Respondent

23
24 ///

25 ///

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28 ///

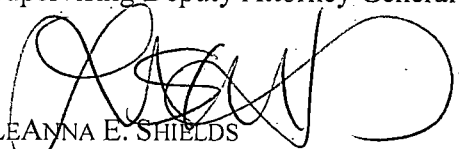
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Physician Assistant Board.

Dated: 2.18.19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 9502015000531

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
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3 LEANNA E. SHIELDS
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8 *Attorneys for Complainant*

10 BEFORE THE
11 PHYSICIAN ASSISTANT BOARD
12 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 9502015000531

14 JUDY FAITH BLODGETT, P.A.
7291 Boulder Avenue, #2-C
15 Highland, CA 92346
Physician Assistant License No. 12973

ACCUSATION

16 Respondent.

18
19 Complainant alleges:

20 PARTIES

- 21 1. Maureen L. Forsyth (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer
23 Affairs (Board).
24 2. On or about October 14, 1992, the Physician Assistant Board issued Physician
25 Assistant License No. 12973 to Judy Faith Blodgett, P.A. (Respondent). The Physician Assistant
26 License No. 12973 was in full force and effect at all times relevant to the charges brought herein
27 and will expire on February 29, 2020, unless renewed.

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 3501 of the Code states, in pertinent part:

“(a) As used in this chapter:

“(1) ‘Board’ means the Physician Assistant Board.

“(2) ‘Approved program’ means a program for the education of physician assistants that has been formally approved by the board.

“(3) ‘Trainee’ means a person who is currently enrolled in an approved program.

“(4) ‘Physician assistant’ means a person who meets the requirements of this chapter and is licensed by the board.

“(5) ‘Supervising physician’ or ‘supervising physician and surgeon’ means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation for improper use of a physician assistant.

“(6) ‘Supervision’ means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant.

~~“(7) ‘Regulations’ means the rules and regulations as set forth in Chapter~~
13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

“(8) ‘Routine visual screening’ means uninvaseive nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

“...

1 “(10) ‘Delegation of services agreement’ means the writing that delegates to
2 a physician assistant from a supervising physician the medical services the physician
3 assistant is authorized to perform consistent with subdivision (a) of Section 1399.540
4 of Title 16 of the California Code of Regulations.

5 “(11) ‘Other specified medical services’ means tests or examinations
6 performed or ordered by a physician assistant practicing in compliance with this
7 chapter or regulations of the Medical Board of California promulgated under this
8 chapter.

9 “(12) ‘Medical records review meeting’ means a meeting between the
10 supervising physician and surgeon and the physician assistant during which medical
11 records are reviewed to ensure adequate supervision of the physician assistant
12 functioning under protocols. Medical records review meetings may occur in person
13 or by electronic communication.

14 “(b) A physician assistant acts as an agent of the supervising physician when
15 performing any activity authorized by this chapter or regulations adopted under this
16 chapter.”

17 5. Section 3502 of the Code states, in pertinent part:

18 “(a) Notwithstanding any other provision of law, a physician assistant may
19 perform those medical services as set forth by the regulations adopted under this
20 chapter when the services are rendered under the supervision of a licensed physician
21 and surgeon who is not subject to a disciplinary condition imposed by the Medical
22 Board of California prohibiting that supervision or prohibiting the employment of a
23 physician assistant.

24 “...

25 “(c)(1) A physician assistant and his or her supervising physician and surgeon
26 shall establish written guidelines for the adequate supervision of the physician
27 assistant. This requirement may be satisfied by the supervising physician and surgeon
28 adopting protocols for some or all of the tasks performed by the physician assistant.

1 The protocols adopted pursuant to this subdivision shall comply with the following
2 requirements:

3 "(A) A protocol governing diagnosis and management shall, at a minimum,
4 include the presence or absence of symptoms, signs, and other data necessary to
5 establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to
6 recommend to the patient, and education to be provided to the patient.

7 "(B) A protocol governing procedures shall set forth the information to be
8 provided to the patient, the nature of the consent to be obtained from the patient, the
9 preparation and technique of the procedure, and the follow up care.

10 "(C) Protocols shall be developed by the supervising physician and surgeon
11 or adopted from, or referenced to, texts or other sources.

12 "(D) Protocols shall be signed and dated by the supervising physician and
13 surgeon and the physician assistant.

14 "(2)(A)(i) The supervising physician and surgeon shall review, countersign, and
15 date a sample consisting of, at a minimum, 5 percent of the medical records of
16 patients treated by the physician assistant functioning under the protocols within 30
17 days of the date of treatment by the physician assistant.

18 "..."

19 6. California Code of Regulations, title 16, section 1399.541, states:

20 "Because physician assistant practice is directed by a supervising physician,
21 and a physician assistant acts as an agent for that physician, the orders given and
22 tasks performed by a physician assistant shall be considered the same as if they had
23 been given and performed by the supervising physician. Unless otherwise specified
24 in these regulations or in the delegation or protocols, these orders may be initiated
25 without the prior patient specific order of the supervising physician. In any setting,
26 including for example, any licensed health facility, out-patient settings, patients'
27 residences, residential facilities, and hospices, as applicable, a physician assistant
28 may, pursuant to a delegation and protocols where present:

1 “(a) Take a patient history; perform a physical examination and make an
2 assessment and diagnosis therefrom; initiate, review and revise treatment and
3 therapy plans including plans for those services described in Section 1399.541(b)
4 through Section 1399.541(i) inclusive; and record and present pertinent data in a
5 manner meaningful to the physician.

6 “(b) Order or transmit an order for x-ray, other studies, therapeutic diets,
7 physical therapy, occupational therapy, respiratory therapy, and nursing services.

8 “(c) Order, transmit an order for, perform, or assist in the performance of
9 laboratory procedures, screening procedures and therapeutic procedures.

10 “(d) Recognize and evaluate situations which call for immediate attention of
11 a physician and institute, when necessary, treatment procedures essential for the life
12 of the patient.

13 “(e) Instruct and counsel patients regarding matters pertaining to their
14 physical and mental health. Counseling may include topics such as medications,
15 diets, social habits, family planning, normal growth and development, aging, and
16 understanding of and long-term management of their diseases.

17 “(f) Initiate arrangements for admissions, complete forms and charts
18 pertinent to the patient’s medical record, and provide services to patients requiring
19 continuing care, including patients at home.

20 “(g) Initiate and facilitate the referral of patients to the appropriate health
21 facilities, agencies, and resources of the community.

22 “(h) Administer or provide medication to a patient, or issue or transmit drug
23 orders orally or in writing in accordance with the provisions of subdivisions (a)-(f),
24 inclusive, of Section 3502.1 of the Code.

25 “(i)(1) Perform surgical procedures without the personal presence of the
26 supervising physician which are customarily performed under local anesthesia. Prior
27 to delegating any such surgical procedures, the supervising physician shall review
28 documentation which indicates that the physician assistant is trained to perform the

1 surgical procedures. All other surgical procedures requiring other forms of
2 anesthesia may be performed by a physician assistant only in the personal presence
3 of an approved supervising physician.

4 "(2) A physician assistant may also act as first or second assistant in surgery
5 under the supervision of an approved supervising physician."

6 7. Section 3527 of the Code states, in pertinent part:

7 "(a) The board may order the denial of an application for, or the issuance
8 subject to terms and conditions of, or the suspension or revocation of, or the
9 imposition of probationary conditions upon a physician assistant license after a
10 hearing as required in Section 3528 for unprofessional conduct which includes, but is
11 not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a
12 violation of the regulations adopted by the board or the Medical Board of California.

13 "..."

14 "(f) The board may order the licensee to pay the costs of monitoring the
15 probationary conditions imposed on the license.

16 "(g) The expiration, cancellation, forfeiture, or suspension of a physician
17 assistant license by operation of law or by order or decision of the board or a court of
18 law, the placement of a license on a retired status, or the voluntary surrender of a
19 license by a licensee shall not deprive the board of jurisdiction to commence or
20 proceed with any investigation of, or action or disciplinary proceeding against, the
21 licensee or to render a decision suspending or revoking the license."

22 8. ~~California Code of Regulations, title 16, section 1399.521 states, in pertinent part:~~

23 "In addition to the grounds set forth in section 3527, subdivision (a), of the
24 Code, the board may deny, issue subject to terms and conditions, suspend, revoke or
25 place on probation a physician assistant for the following causes:

26 "(a) Any violation of the State Medical Practice Act which would constitute
27 unprofessional conduct for a physician and surgeon.

28 "..."

1 9. Section 2227 of the Code states:

2 “(a) A licensee whose matter has been heard by an administrative law judge of
3 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
4 Code, or whose default has been entered, and who is found guilty, or who has entered
5 into a stipulation for disciplinary action with the board, may, in accordance with the
6 provisions of this chapter:

7 “(1) Have his or her license revoked upon order of the board.

8 “(2) Have his or her right to practice suspended for a period not to exceed one
9 year upon order of the board.

10 “(3) Be placed on probation and be required to pay the costs of probation
11 monitoring upon order of the board.

12 “(4) Be publicly reprimanded by the board. The public reprimand may include a
13 requirement that the licensee complete relevant educational courses approved by the
14 board.

15 “(5) Have any other action taken in relation to discipline as part of an order of
16 probation, as the board or an administrative law judge may deem proper.

17 “(b) Any matter heard pursuant to subdivision (a), except for warning letters,
18 medical review or advisory conferences, professional competency examinations,
19 continuing education activities, and cost reimbursement associated therewith that are
20 agreed to with the board and successfully completed by the licensee, or other matters
21 made confidential or privileged by existing law, is deemed public, and shall be made
22 available to the public by the board pursuant to Section 803.1.”

23 10. Section 2234 of the Code states, in pertinent part:

24 “The board shall take action against any licensee who is charged with
25 unprofessional conduct. In addition to other provisions of this article, unprofessional
26 conduct includes, but is not limited to, the following:

27 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
28 abetting the violation of, or conspiring to violate any provision of this chapter.

1 "...

2 "(c) Repeated negligent acts. To be repeated, there must be two or more
3 negligent acts or omissions. An initial negligent act or omission followed by a
4 separate and distinct departure from the applicable standard of care shall constitute
5 repeated negligent acts.

6 "(1) An initial negligent diagnosis followed by an act or omission medically
7 appropriate for that negligent diagnosis of the patient shall constitute a single
8 negligent act.

9 "(2) When the standard of care requires a change in the diagnosis, act, or
10 omission that constitutes the negligent act described in paragraph (1), including, but
11 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
12 licensee's conduct departs from the applicable standard of care, each departure
13 constitutes a separate and distinct breach of the standard of care.

14 "..."

15 11. Section 2266 of the Code states:

16 "The failure of a physician and surgeon to maintain adequate and accurate
17 records relating to the provision of services to their patients constitutes unprofessional
18 conduct."

19 12. California Code of Regulations, title 16, section 1399.540, states, in pertinent part:

20 "(a) A physician assistant may only provide those medical services which he or
21 she is competent to perform and which are consistent with the physician assistant's
22 education, training, and experience, and which are delegated in writing by a
23 supervising physician who is responsible for the patients cared for by that physician
24 assistant.

25 "(b) The writing which delegates the medical services shall be known as a
26 delegation of services agreement. A delegation of services agreement shall be signed
27 and dated by the physician assistant and each supervising physician. A delegation of
28 services agreement may be signed by more than one supervising physician only if the

1 same medical services have been delegated by each supervising physician. A
2 physician assistant may provide medical services pursuant to more than one
3 delegation of services agreement.

4 "...

5 "(d) A physician assistant shall consult with a physician regarding any task,
6 procedure or diagnostic problem which the physician assistant determines exceeds his
7 or her level of competence or shall refer such cases to a physician."

8 13. California Code of Regulations, title 16, section 1399.545 states:

9 "(a) A supervising physician shall be available in person or by electronic
10 communication at all times when the physician assistant is caring for patients.

11 "(b) A supervising physician shall delegate to a physician assistant only those
12 tasks and procedures consistent with the supervising physician's specialty or usual
13 and customary practice and with the patient's health and condition.

14 "(c) A supervising physician shall observe or review evidence of the physician
15 assistant's performance of all tasks and procedures to be delegated to the physician
16 assistant until assured of competency.

17 "(d) The physician assistant and the supervising physician shall establish in
18 writing transport and back-up procedures for the immediate care of patients who are
19 in need of emergency care beyond the physician assistant's scope of practice for such
20 times when a supervising physician is not on the premises.

21 "(e) A physician assistant and his or her supervising physician shall establish in
22 writing guidelines for the adequate supervision of the physician assistant which shall
23 include one or more of the following mechanisms:

24 "(1) Examination of the patient by a supervising physician the same day as
25 care is given by the physician assistant;

26 "(2) Countersignature and dating of all medical records written by the
27 physician assistant within thirty (30) days that the care was given by the physician
28 assistant;

1 “(3) The supervising physician may adopt protocols to govern the
2 performance of a physician assistant for some or all tasks. The minimum content for
3 a protocol governing diagnosis and management as referred to in this section shall
4 include the presence or absence of symptoms, signs, and other data necessary to
5 establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to
6 recommend to the patient, and education to be given the patient. For protocols
7 governing procedures, the protocol shall state the information to be given the patient,
8 the nature of the consent to be obtained from the patient, the preparation and
9 technique of the procedure, and the follow-up care. Protocols shall be developed by
10 the physician, adopted from, or referenced to, texts or other sources. Protocols shall
11 be signed and dated by the supervising physician and the physician assistant. The
12 supervising physician shall review, countersign, and date a minimum of 5% sample of
13 medical records of patients treated by the physician assistant functioning under these
14 protocols within thirty (30) days. The physician shall select for review those cases
15 which by diagnosis, problem, treatment or procedure represent, in his or her
16 judgment, the most significant risk to the patient;

17 “(4) Other mechanisms approved in advance by the board.

18 “(f) The supervising physician has continuing responsibility to follow the
19 progress of the patient and to make sure that the physician assistant does not function
20 autonomously. The supervising physician shall be responsible for all medical services
21 provided by a physician assistant under his or her supervision.”

22 **COST RECOVERY**

23 14. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
24 administrative law judge to direct a licentiate found to have committed a violation or violations of
25 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
26 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
27 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
28 included in a stipulated settlement.

1 FIRST CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 15. Respondent has subjected her Physician Assistant License No. 12973 to disciplinary
4 action under sections 3527 and 2234, subdivision (a), of the Code, and California Code of
5 Regulations, title 16, section 1399.521, subdivision (a), as defined by section 2234, subdivision
6 (c), of the Code, in that she committed repeated negligent acts in her care and treatment of
7 patients A, B, and C,¹ which included, but was not limited to, the following:

8 Patient A

9 16. On or about March 21, 2014, Patient A had an initial office visit with Respondent at
10 I.H.G. Patient A presented with a complaint of anxiety. According to the note for this visit,
11 Patient A, among other things, was having difficulty concentrating, difficulty falling asleep, loss
12 of appetite, feelings of guilt, fatigue and restlessness. A history and physical evaluation was
13 conducted and Respondent assessed Patient A as having major depressive disorder, anxiety and
14 lower back pain. Respondent's treatment plan included the following medications: alprazolam²
15 (0.5 mg) three times a day and as necessary for anxiety, and Paxil³ (20 mg) one time a day.
16 Patient A was to return in two weeks for follow up. Among other things, the note for this visit
17 does not document any testing for substance abuse, a CURES review to check patient activity, a
18 referral to a psychiatrist or any consultation with a psychiatrist or Respondent's supervising
19 physician. In addition, the documentation for this visit provides no information regarding
20 informed consent for the controlled substances being prescribed, and there is no detailed
21 management plan for the patient and/or any documentation indicating drug screening, efforts to

22
23 ¹ For patient privacy, patient names and initials have been withheld. Patients are identified herein
24 as Patient A, B and C.

25 ² Alprazolam is a Schedule IV controlled substance pursuant to Health and Safety Code section
26 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It
belongs to a group of drugs called benzodiazepines and is commonly used to treat anxiety disorders.

27 ³ Paxil is the brand name for paroxetine, a dangerous drug pursuant to Business and Professions
28 Code section 4022, belonging to a class of antidepressant medications called selective serotonin-reuptake
inhibitors (SSRIs). It is commonly used to treat depression and anxiety disorders.

1 monitor compliance and/or measures to ensure there was no diversion of controlled substances or
2 misuse of the controlled substances being prescribed.

3 17. On or about April 4, 2014, Patient A had an office visit with Respondent to follow up
4 on his previous appointment. According to the note for this visit, Patient A reported difficulty in
5 functioning. Respondent issued another prescription for alprazolam (0.5 mg) three times a day

6 and as necessary for anxiety. Patient A was to return in six weeks for follow up. Among other
7 things, the note for this visit does not document any testing for substance abuse, a CURES review
8 to check patient activity, a referral to a psychiatrist or any consultation with a psychiatrist or
9 Respondent's supervising physician. In addition, the documentation for this visit provides no
10 information regarding informed consent for the controlled substances being prescribed, and there
11 is no detailed management plan for the patient and/or any documentation indicating drug
12 screening, efforts to monitor compliance and/or measures to ensure there was no diversion of
13 controlled substances or misuse of the controlled substances being prescribed.

14 18. On or about May 2, 2014, Patient A had an office visit with Respondent. According
15 to the note for this visit, Patient A reported excessive worry and feelings of guilt, difficulty
16 concentrating and difficulty staying asleep. According to the note for this visit, Respondent's
17 assessment and treatment plan was to transition patient from alprazolam to Buspar. Respondent
18 then issued another prescription for alprazolam (0.5 mg) three times a day and as necessary for
19 anxiety, and Buspirone⁴ (15 mg) half a tablet two times a day for three days, then half a tablet in
20 the morning and one tablet in the evening for three days, then two tablets a day. Among other
21 things, the note for this visit does not document any testing for substance abuse, a CURES review
22 to check patient activity, a referral to a psychiatrist or any consultation with a psychiatrist or
23 Respondent's supervising physician. In addition, the documentation for this visit provides no
24 information regarding informed consent for the controlled substances being prescribed, and there
25 is no detailed management plan for the patient and/or any documentation indicating drug
26

27 ⁴ Buspirone is a dangerous drug pursuant to Business and Professions Code section 4022,
28 commonly used to treat anxiety disorders.

1 screening, efforts to monitor compliance and/or measures to ensure there was no diversion of
2 controlled substances or misuse of the controlled substances being prescribed.

3 19. On or about May 16, 2014, Patient A had an office visit with Respondent. According
4 to the note for this visit, Respondent issued another prescription for alprazolam (0.5 mg) three
5 times a day and as necessary for anxiety. Among other things, the note for this visit does not

6 document any testing for substance abuse, a CURES review to check patient activity, a referral to
7 a psychiatrist or any consultation with a psychiatrist or Respondent's supervising physician. In
8 addition, the documentation for this visit provides no information regarding informed consent for
9 the controlled substances being prescribed, and there is no detailed management plan for the
10 patient and/or any documentation indicating drug screening, efforts to monitor compliance and/or
11 measures to ensure there was no diversion of controlled substances or misuse of the controlled
12 substances being prescribed.

13 20. On or about February 10, Patient A had an office visit with Respondent. According to
14 the note for this visit, Respondent issued another prescription for alprazolam (1 mg) two times a
15 day and as necessary for anxiety, alprazolam ER⁵ (2 mg) one time a day, and Sertraline (50 mg)
16 one time a day. Among other things, the note for this visit does not document the reason for
17 changing the alprazolam prescription, any testing for substance abuse, a CURES review to check
18 patient activity, a referral to a psychiatrist or any consultation with a psychiatrist or Respondent's
19 supervising physician. In addition, the documentation for this visit provides no information
20 regarding informed consent for the controlled substances being prescribed, and there is no
21 detailed management plan for the patient and/or any documentation indicating drug screening,
22 efforts to monitor compliance and/or measures to ensure there was no diversion of controlled
23 substances or misuse of the controlled substances being prescribed.

24 21. On or about March 18, 2015, Patient A presented at the S.B.M.C. Urgent Care with
25 complaints of shaking, blurred vision, palpitations and dizziness. Patient A was seen by

26 ⁵ Alprazolam ER (Extended Release) is a Schedule IV controlled substance pursuant to Health and
27 Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions
28 Code section 4022. It belongs to a group of drugs called benzodiazepines and is commonly used to treat
anxiety disorders.

1 Physician Assistant C.H., who assessed Patient A as going through withdrawal. Physician
2 Assistant C.H. contacted Respondent and expressed concerns regarding Patient A's alprazolam
3 dependency.

4 22. According to the CURES report for Patient A, during the period from on or about
5 March 21, 2014 through on or about June 5, 2015, Patient A filled a total of 1,170 tablets of
6 alprazolam prescribed by Respondent.

7 23. Respondent committed repeated negligent acts in her care and treatment of Patient A,
8 which included, but were not limited to, the following:

9 (a) Paragraphs 16 through 22, above, are hereby incorporated by reference and
10 realleged as if fully set forth herein;

11 (b) Respondent repeatedly prescribed or refilled alprazolam over an extended
12 period of time to Patient A without obtaining adequate reevaluations when Patient A
13 had co-existing depression and other potential side effects of benzodiazepines;

14 (c) Respondent failed to maintain adequate and accurate medical records in her
15 care and treatment of Patient A by not documenting a recommendation for psychiatric
16 consultation;

17 (d) Respondent repeatedly prescribed or refilled benzodiazepines without
18 obtaining psychiatric input;

19 (e) Respondent failed to follow accepted principles of management when
20 prescribing and refilling controlled substances without conducting regular
21 reassessments of the need and efficacy of medications, evaluating the potential for
22 ~~abuse, diversion and addiction, conducting drug screen tests, obtaining a patient~~
23 contract outlining the conditions of ongoing controlled substance prescribing, or
24 ceasing the prescribing for non-adherence or suspicious activity in CURES report;
25 and

26 (f) Respondent failed to seek adequate physician supervision in her care and
27 treatment of Patient A.

28 ///

Patient B

24. On or about February 6, 2012, Patient B had an office visit with Respondent to refill her medications. According to the note for this visit, Respondent refilled Patient B's medications, including 180 tablets of carisoprodol⁶ (350 mg) two times a day, 90 tablets of hydrocodone-acetaminophen⁷ (10/325) three times a day, 90 tablets of lorazepam⁸ (1 mg) three times a day, 30 tablets of Ambien⁹ (10 mg) one time a day, and 90 tablets of citalopram¹⁰ (40 mg) one time day. Among other things, the note for this visit does not document any discussion of a treatment plan, functional goals, indications for referral, discussion with a supervising physician or discussion about alternative treatments.

25. On or about March 5, 2012, Patient B had an office visit with Respondent. According to the note for this visit, Respondent refilled Patient B's medications, including 180 tablets of carisoprodol (350 mg) two times a day, 90 tablets of hydrocodone-acetaminophen (10/325) three times a day, 90 tablets of lorazepam (1 mg) three times a day, 30 tablets of Ambien (10 mg) one time a day, and 90 tablets of citalopram (40 mg) one time day. Among other things, the note for this visit does not document any discussion of a treatment plan, functional goals, indications for referral, discussion with a supervising physician or discussion about alternative treatments.

///

⁶ Carisoprodol (brand name Soma) is a dangerous drug pursuant to Business and Professions Code section 4022. It belongs to a class of muscle relaxant drugs and is commonly used to treat muscle or bone discomfort.

⁷ Hydrocodone-Acetaminophen is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

⁸ Lorazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It belongs to a group of drugs called benzodiazepines and is commonly used to treat anxiety disorders.

⁹ Ambien, a brand name for Zolpidem, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

¹⁰ Citalopram is a dangerous drug pursuant to Business and Professions Code section 4022 commonly used to treat depression.

1 26. On or about April 19, 2012, Patient B had an office visit with Respondent. According
2 to the note for this visit, Respondent refilled Patient B's medications including 180 tablets of
3 carisoprodol (350 mg) two times a day, 90 tablets of hydrocodone-acetaminophen (10/325) three
4 times a day, 90 tablets of lorazepam (1 mg) three times a day, 30 tablets of Ambien (10 mg) one
5 time a day and 90 tablets of citalopram (40 mg) one time day. Among other things, the note for
6 this visit does not document any discussion of a treatment plan, functional goals, indications for
7 referral, discussion with a supervising physician or discussion about alternative treatments.

8 27. On or about April 4, 2013, Patient B was referred to a pain management specialist by
9 an osteopathic doctor, J.A.

10 28. On or about June 24, 2013, Patient B had an office visit with Respondent. According
11 to the note for this visit, Respondent refilled Patient B's medications including lorazepam (1 mg)
12 three times a day, hydrocodone-acetaminophen (10/325) every six hours as needed, citalopram
13 (60 mg) one and a half tablets one time day, and Ambien (10 mg) one time a day. Among other
14 things, the note for this visit does not document any discussion of a treatment plan, functional
15 goals, discussion with a supervising physician or pain management specialist, or discussion about
16 alternative treatments.

17 29. From on or about September 19, 2013 through on or about August 18, 2014, Patient B
18 had five more office visits with Respondent. According to the notes for these visits, Respondent
19 continued to refill Patient B's medications without any documentation discussing a treatment
20 plan, functional goals, discussion with a supervising physician or pain management specialist, or
21 discussion about alternative treatments.

22 30. According to the CURES report for Patient B, during the period from on or about
23 January 4, 2013 through on or about June 5, 2015, Patient B filled a total of 1,132 tablets of
24 Lorazepam, 300 tablets of Ambien, 1,260 tablets of carisoprodol, 480 tablets of Lyrica,¹¹ 2,580
25 ///

26 _____
27 ¹¹ Lyrica is a brand name for pregabalin, a Schedule V controlled substance pursuant to Health and
28 Safety Code section 11058, subdivision (b), and a dangerous drug pursuant to Business and Professions
Code section 4022. It is used to control seizures, treat nerve pain and fibromyalgia.

1 tablets of hydrocodone-acetaminophen (10/325), and 180 tablets of temazepam,¹² prescribed by
2 Respondent.

3 31. Respondent committed repeated negligent acts in her care and treatment of Patient B,
4 which included, but were not limited to, the following:

5 (a) Paragraphs 24 through 30, above, are hereby incorporated by reference and
6 realleged as if fully set forth herein;

7 (b) Respondent repeatedly prescribed or refilled a combination of opiates,
8 carisoprodol and benzodiazepines to Patient B;

9 (c) Respondent repeatedly prescribed or refilled controlled substances to patient
10 B over an extended period of time without obtaining adequate reevaluations; and

11 (d) Respondent failed to seek adequate physician supervision in her care and
12 treatment of Patient B.

13 **Patient C**

14 32. On or about February 28, 2012, Patient C had an office visit with Respondent at
15 I.H.G. Patient C presented with a complaint of anxiety, allergies and ear pain. According to the
16 note for this visit, a history and physical evaluation was conducted and respondent assessed
17 Patient C as having major depressive disorder, allergic rhinitis, and acute upper respiratory
18 infection. Respondent's treatment plan included the following medications: 30 tablets of
19 alprazolam (0.5 mg) three times a day, 270 tablets of Zoloft¹³ (50 mg) three times a day, 30 tablets
20 of Zoloft (100 mg) one time a day, 60 tablets of Somnote¹⁴ (500 mg) one or two tablets at
21 bedtime, and 60 tablets of Buspirone Hcl (15 mg) half a tablet two times a day for one week, then

22
23 ¹² Temazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section
24 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

25 ¹³ Zoloft is the brand name for sertraline, a dangerous drug pursuant to Business and Professions
26 Code section 4022, belonging to a class of antidepressant medications called selective serotonin-reuptake
27 inhibitors (SSRIs). It is commonly used to treat depression and anxiety disorders.

28 ¹⁴ Somnote is the brand name for chloral hydrate, a Schedule IV controlled substance pursuant to
Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
Professions Code section 4022. It belongs to a class of drugs known as hypnotics is commonly used to treat
temporary insomnia.

1 half a tablet in the morning and one tablet in the evening for one week, then two tablets a day.
2 Patient C was to return in two weeks for follow up. Among other things, the note for this visit
3 does not document any assessment of the effectiveness of the medications prescribed, the planned
4 duration for each medication, and side effects. In addition, there is no indication that the ongoing
5 use of alprazolam and Somnote were discussed with a supervising physician or that there was a
6 patient-specific authorization for Respondent to prescribe these to Patient C.

7 33. On or about March 9, 2012, Patient C had an office visit with Respondent. According
8 to the note for this visit, Patient C presented with complaints of headache and depression.
9 Respondent assessed Patient C with major depressive disorder, recurrent episode, and prescribed
10 30 tablets of alprazolam (0.5 mg) three times a day, 270 tablets of Zoloft (50 mg) three times a
11 day, 30 tablets of Zoloft (100 mg) one time a day, 60 tablets of Somnote (500 mg) one or two
12 tablets at bedtime, and 60 tablets of Buspirone Hcl (15 mg) half a tablet two times a day for one
13 week, then half a tablet in the morning and one tablet in the evening for one week, then two
14 tablets a day. Among other things, the note for this visit does not document any assessment of the
15 effectiveness of the medications prescribed, the planned duration for each medication, and side
16 effects. In addition, there is no indication that the ongoing use of Alprazolam and Somnote were
17 discussed with a supervising physician or that there was a patient-specific authorization for
18 Respondent to prescribe these to Patient C.

19 34. On or about June 19, 2012, Patient C had an office visit with Respondent. According
20 to the note for this visit, Patient C presented with complaints of allergy and insomnia.
21 Respondent assessed Patient C with major depressive disorder, recurrent episode, and prescribed
22 30 tablets of Zoloft (100 mg) one-time-a-day, and 60 tablets of Buspirone Hcl (15 mg) half a tablet
23 two times a day for one week, then half a tablet in the morning and one tablet in the evening for
24 one week, then two tablets a day. Among other things, the note for this visit does not document
25 any assessment of the effectiveness of the medications prescribed, the planned duration for each
26 medication, and side effects.

27 35. On or about November 27, 2012, Patient C had an office visit with Respondent.
28 According to the note for this visit, Patient C presented for an annual exam. Respondent

1 prescribed Alprazolam (0.5 mg) three times a day, Chloral Hydrate (500 mg) one or two tablets at
2 bedtime, and Buspirone Hcl (15 mg) half a tablet two times a day for one week, then half a tablet
3 in the morning and one tablet in the evening for one week, then two tablets a day. Among other
4 things, the note for this visit does not document any assessment of the effectiveness of the
5 medications prescribed, the planned duration for each medication, and side effects. In addition,
6 there is no indication that the ongoing use of Alprazolam and Somnote were discussed with a
7 supervising physician or that there was a patient-specific authorization for Respondent to
8 prescribe these to Patient C.

9 36. On or about January 21, 2013, Patient C had an office visit with Respondent.
10 According to the note for this visit, Patient C presented with complaint of breast issues.
11 Respondent prescribed Alprazolam (0.5 mg) three times a day, Buspirone Hcl (15 mg) half a
12 tablet two times a day for one week, then half a tablet in the morning and one tablet in the evening
13 for one week, then two tablets a day, Zoloft (50 mg) three times a day, and Doxepin¹⁵ (10 mg) one
14 at bedtime as needed for insomnia. Among other things, the note for this visit does not document
15 any assessment of the effectiveness of the medications prescribed, the planned duration for each
16 medication, and side effects. In addition, there is no indication that the ongoing use of alprazolam
17 was discussed with a supervising physician or that there was a patient-specific authorization for
18 Respondent to prescribe alprazolam to Patient C.

19 37. On or about May 28, 2013, Patient C had an office visit with Respondent. According
20 to the note for this visit, Patient C presented with complaint of anxiety and allergies. Respondent
21 prescribed alprazolam (1 mg) three times a day, Buspirone (15 mg) half a tablet two times a day
22 for one week, then half a tablet in the morning and one tablet in the evening for one week, then
23 two tablets a day, and Paxil (40 mg) one a day. Among other things, the note for this visit does
24 not document any assessment of the effectiveness of the medications prescribed, the planned
25 duration for each medication, and side effects.

26
27 ¹⁵ Doxepin is a dangerous drug pursuant to Business and Professions Code section 4022, commonly
28 used to treat depression and anxiety.

1 38. According to the CURES report for Patient C, during the period from on or about
2 October 3, 2012 through on or about August 29, 2013, Patient C filled a total of 963 tablets of
3 alprazolam and 300 tablets of Somnote prescribed by Respondent.

4 39. Respondent committed repeated negligent acts in her care and treatment of Patient C,
5 which included, but were not limited to, the following:

6 (a) Paragraphs 32 through 38, above, are hereby incorporated by reference and
7 realleged as if fully set forth herein;

8 (b) Respondent repeatedly prescribed or refilled Somnote to Patient C;

9 (c) Respondent repeatedly prescribed or refilled alprazolam over an extended
10 period of time and in combination with Somnote and other sedating agents to Patient
11 C; and

12 (d) Respondent failed to seek adequate physician supervision in her care and
13 treatment of Patient C.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Failure to Maintain Adequate and Accurate Records)**

16 40. Respondent has further subjected her Physician Assistant License No. 12973 to
17 disciplinary action under sections 3527 and 2234, subdivision (a), of the Code, and California
18 Code of Regulations, title 16, section 1399.521, subdivision (a), as defined by 2266, of the Code,
19 in that Respondent failed to maintain adequate and accurate records regarding her care and
20 treatment of Patients A, B, and C, as more particularly alleged in paragraphs 16 through 39,
21 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Violation of a Provision or Provisions of the Medical Practice Act)**

24 41. Respondent has further subjected her Physician Assistant License No. 12973 to
25 disciplinary action under sections 3527 and 2234, subdivision (a), of the Code, and California
26 Code of Regulations, title 16, section 1399.521, subdivision (a), as defined by 2234, subdivision
27 (a), of the Code, in that Respondent violated a provision or provisions of the Medical Practice
28 Act in her care and treatment of Patients A, B, and C, as more particularly alleged in paragraphs

1 16 through 40, above, which are hereby incorporated by reference and realleged as if fully set
2 forth herein.

3 PRAYER


4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Physician Assistant Board issue a decision:

6 1. Revoking or suspending Physician Assistant License No. 12973, issued to
7 Respondent Judy Faith Blodgett, P.A.

8 2. Ordering Respondent Judy Faith Blodgett, P.A. to pay the Physician Assistant Board
9 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and
10 Professions Code section 125.3; and,

11 3. Taking such other and further action as deemed necessary and proper.

12
13 DATED: April 4, 2018


14 MAUREEN L. FORSYTH
15 Executive Officer
16 Physician Assistant Board
17 Department of Consumer Affairs
18 State of California
19 Complainant

18 SD2018800680
19 81985983.doc